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2025-01-23 20:31:06 GMT

14073080481

From: Diego Sempaio

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBALFY BUSINESS SERVICES LLC

Account Number : I20160000033 Phone : (866)428-2030 Fax Number : (407)308-0481

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PIPEONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PIPEO	NE LLC		
(Name of the Lim	ted Liability Comps (A Florida Limited	iny as it now appear: Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited I	, ,	were filed on	10/21/2019	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7345 W SAN	D LAKE ROA	)
Principal office address MUST BE A STREET ADDRESS)		STE 210 OF	FICE 4481	- 2
Enter new mailing address, if applicable:		ORLANDO,	FL 32819 ID LAKE ROAI	25 JAN 24
Mailing address MAY BE A POST OFFICE	ROY)	STE 210 OF	<del></del>	
in in the second	<u> </u>	ORLANDO,		9: 02
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter the </u>	name of the new regis
Name of New Registered Agent:	GLOBALFY B	USINESS SERVIC	ES LLC	
New Registered Office Address: 7345 W SAND LAKE RD STE 210				
1.5 Helionica office Laurea.	· · · · · · · · · · · · · · · · · · ·	Enter Flori	da street address	
	ORLANDO		Florida	32819
	<del> </del>	City	<u>- · </u>	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<del></del>			□Adđ
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
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			□ Change
	<del></del>		□Add
			□Remove
			□Change

To: FL - STATE AMENDMENTS Page: 4 of 4 2025-01-23 20:31:06 GMT 14073080481 From	rom: Diego Sampaio
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	<del></del>
If an effective Note: If th	late, If other than the date of filing: (optional)  c date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
e record spe ord is filed.	recifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 15 2025
•	Signature of a member or authorized representative of a member
	CANTELLI, MARCIO A

Filing Fee: \$25.00